

HOW HAVE HEALTH WORKERS ADAPTED TO SOUTH AFRICA'S BREASTFEEDING POLICY?

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Summary of paper:

Frontline health workers and exclusive breastfeeding guidelines in an HIV endemic South African community: A qualitative exploration of policy translation

[Link to the paper: https://link.springer.com/article/10.1186/s13006-018-0164-y](https://link.springer.com/article/10.1186/s13006-018-0164-y)

1 What background information would someone who is completely unfamiliar with your field need to know to understand the findings in your paper?

Exclusive breastfeeding (EBF) for six months is recommended for all infants but that was not always the case in South Africa. For over a decade, mothers of HIV-exposed infants were supported to either EBF or exclusively formula feed to prevent HIV transmission.

It was only in 2011 that the South African government decided to end its free formula programme and start promoting EBF only.

Frontline health workers who went through this policy change had to alter how they counselled mothers, especially HIV-infected mothers.

In a context where 30% of pregnant women test HIV-positive, we wanted to know what was happening in the healthcare setting.



2 What exact research question did you set out to answer and why?

Our overall research question was how did the health workers experience the policy shift? This was important for understanding policy translation, which had not been addressed by previous research.

We specifically probed health worker knowledge of the policy, counselling strategies and observations of changed infant feeding behaviours. We also asked about their personal experiences of infant feeding. Our findings contribute to the literature exploring shifts in behaviour following the policy change.

FACTS & FIGURES

1 in 5 people
in developing regions still live on less than \$1.90 a day



Breastfeeding is one of the best investments in global health.
Every \$1 invested in breastfeeding **generates \$35** in economic returns

Shorter durations of breastfeeding for children were associated with a

2.6-point loss in IQ scores



Not breastfeeding is associated with **economic losses of about \$302 billion** annually or 0.49% of world gross national income



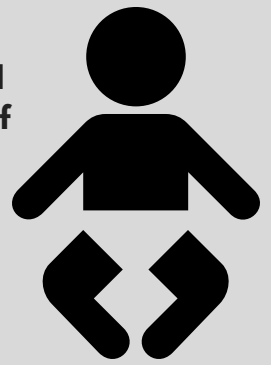
3 What are the most important findings of your paper?

Mothers rely heavily on health worker advice to make infant feeding decisions. Confusing or misleading advice can lead to suboptimal feeding practices. From 2001, HIV positive mothers in South Africa were counselled to choose either exclusive breastfeeding or exclusive formula feeding to minimize vertical HIV transmission.

In-depth interviews were held with 11 frontline health workers, that is nurses and clinic staff from four community health clinics in Soweto. The scientific rationale of the policy was not explained to most health workers, who mostly thought that the discontinuation of the formula program was cost-related.

From the health workers, we found out:

- They knew little about the scientific basis for the policy change
- How much EBF was associated with HIV messages versus nutritional and developmental benefits
- How much dissonance they experienced in having to counsel/advise mothers to engage in feeding behaviours that they struggled with themselves as women.



4 Who might eventually benefit from the findings of your study, and what would need to be done before we could achieve these benefits?

These findings are shared with policymakers to discuss how to create better feedback loops between frontline workers and national decision-makers. There are immediate steps that can be taken to adapt messages to emphasize the benefits of EBF for all mothers such as reduced risk of infant mortality and type-2 diabetes for exclusively breastfed infants and reduced risk of breast cancer for mothers who EBF.

These are being shared with The United Nations Children's Fund (UNICEF) and breastfeeding advocates. Ultimately, I hope these study findings will contribute to better support to frontline health workers, which they will be able to pass on to mothers.

We are also sharing findings with mothers and community members who may not have received information from health workers about the risks of feeding babies anything other than breastmilk in the first 6 months.